

Contact:

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Billing address:

P.O. Box 14495
Lexington, KY 40512
Phone: (866) 495-7844

Utilization Review:

Toll Free: 866-286-0281
Fax: 877-922-7236

Pharmacy:

Optum: 888-764-1284

Healthcare Network:

Alliance
https://www.pswca.org/

Risk Management Fund

Texas Water Association Risk Management Fund Employee

Acknowledgment of PSWCA Direct Contracting Program

I have received information that informs me of my employer's relationship with the Political Subdivision Workers' Compensation Alliance and how to get health care if I suffer a work related injury/illness.

If I am injured on the job, I understand that:

1. I must choose a treating doctor from the list of doctors provided by my employer or obtain the list myself which is located at **www.pswca.org.**
2. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go anywhere.
3. **TWARMF** will pay the treating doctor and other referral providers.
4. I may be required to pay for health care received from a provider if that provider is not on the approved list.
5. Making a false or fraudulent workers' compensation claim is a crime that may result in fines and or imprisonment.
6. Additional information regarding the **PSWCA** is available on my pool's website at **www.twarmf.org.**

_____ _____

Signature Date

_____

Printed Name

I live at: _____

Street Address

_____

City State Zip Code

Name of Employer:

Call TWARMF at 1-800-580-8922 if you need assistance locating a treating provider.

Please indicate whether this is the:

☐ Initial Employee Notification

☐ Injury Notification -Date of Injury: _____

PLEASE RETURN THIS FORM TO YOUR EMPLOYER

Important Contact Information

- Alliance website is www.pswca.org
- Alliance phone number is 1-866-99-PSWCA (1-866-997-7922)

To contact TWARMF, visit www.twarmf.org or call 1-800-580-8922

Optum sedgwick

TWA Risk Management Fund

12921 S Vista Station Blvd
Draper, UT 84020

Making it easy to get workers' compensation prescriptions filled

Optum has been chosen to manage your workers' compensation pharmacy benefits for your employer or their insurer. Below is your First Fill card that will allow you to receive your injury-related prescriptions at your local pharmacy. Please fill out the card based on the instructions below.

Injured person:

If you need a prescription filled for a work-related injury, go to an Optum Tmesys® network pharmacy. Give this temporary card to the pharmacist. In most cases, the pharmacy will fill the prescription at no cost to you.

If your workers' compensation claim is accepted, you will receive a permanent pharmacy card in the mail. Please use that card for other work-related injury prescriptions.

Find a network pharmacy

Most pharmacies and all major chains are included in the network. To find a network pharmacy call **1-866-599-5426** or visit **tmesys.com**.

Questions? Need Help?

1-866-599-5426

Employer:

Immediately upon receiving notice of injury, fill in the information below and give this form to the employee.

Optum sedgwick TWA Risk Management Fund

WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM

Sedgwick	TWA Risk Management Fund
CARRIER/TPA	EMPLOYER

INJURED PERSON NAME

Please provide directly to Pharmacist

SOCIAL SECURITY NUMBER | DATE OF INJURY (YYMMDD)

Notice to Cardholder: Present this card to the pharmacy to receive medication for your work-related injury. To locate a pharmacy: **tmesys.com**.

Attention Pharmacists: Enter RxBIN, RxPCN and GROUP. Member ID # format is the date of injury and SSN combined as follows: YYMMDD123456789.

Tmesys is the designated PBM for this patient.

Tmesys Pharmacy Help Desk
1-800-964-2531

	NDC		Envoy
RxBIN	**004261**	or	**002538**
RxPCN	**CAL**	or	**Envoy Acct. #**
GROUP	SCM3896FF		

NOTE: This First Fill card is only valid for your workers' compensation injury.

The following entities comprise the Optum Workers' Compensation and Auto No Fault division: PMSI, LLC, dba Optum Workers' Compensation Services of Florida; Progressive Medical, LLC, dba Optum Workers' Compensation Services of Ohio; Cypress Care, Inc. dba Optum Workers' Compensation Services of Georgia; Healthcare Solutions, Inc., dba Optum Healthcare Solutions of Georgia; Procura Management, Inc., dba Optum Managed Care Services; Modern Medical, dba Optum Workers' Compensation Medical Services, collectively and individually referred as "Optum."

tmesys®

IMP-25-3510

Optum sedgwick

TWA Risk Management Fund

Hacemos más sencillo que se le abastezca las recetas de su programa de compensación por accidentes laborales

Optum ha sido elegido para administrar los beneficios farmacéuticos de su programa de compensación por accidentes laborales para su empleador o asegurador. Más adelante incluimos su tarjeta First Fill que le permitirá recibir las recetas médicas relacionadas con su lesión en su farmacia local. Llene esta tarjeta siguiendo las instrucciones que se indican a continuación.

Persona lesionada:

Si necesita que se le abastezca su receta médica para una lesión relacionada con su trabajo, visite una farmacia de la red Optum Tmesys®. Entregue esta tarjeta temporal al farmacéutico. En la mayoría de los casos, la farmacia abastecerá la receta sin costo para usted.

Si se acepta su reclamación del programa de compensación por accidentes laborales, recibirá una tarjeta permanente por correo. Use esa tarjeta para otras recetas médicas de lesiones relacionadas con su trabajo.

Cómo encontrar una farmacia de la red

La mayoría de farmacias y todas las grandes cadenas de farmacias forman parte de la red. Para ubicar una farmacia de la red, llame al **1-866-599-5426** o visite **tmesys.com**.

¿Tiene alguna pregunta? ¿Necesita ayuda?

1-866-599-5426

Empleador:

Inmediatamente después de recibir un aviso sobre una lesión, llene la información que aparece a continuación y entregue este formulario al empleado.

Optum sedgwick TWA Risk Management Fund

WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM

Sedgwick	TWA Risk Management Fund
CARRIER/TPA	EMPLOYER

INJURED PERSON NAME

Please provide directly to Pharmacist

SOCIAL SECURITY NUMBER | DATE OF INJURY (YYMMDD)

Notice to Cardholder: Present this card to the pharmacy to receive medication for your work-related injury. To locate a pharmacy: **tmesys.com**.

Attention Pharmacists: Enter RxBIN, RxPCN and GROUP. Member ID # format is the date of injury and SSN combined as follows: YYMMDD123456789.

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	NDC		Envoy
RxBIN	**004261**	or	**002538**
RxPCN	**CAL**	or	**Envoy Acct. #**
GROUP	SCM3896FF		

NOTA: Esta tarjeta First Fill solo es válida para una lesión cubierta por su programa de compensación por accidentes laborales.

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